

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094152

FILED
Jan 06, 2006
Secretary of State

Entity Name: HOME TIME PROPERTIES INC.

Current Principal Place of Business:

504 COVE CIR
NICEVILLE, FL 32578

New Principal Place of Business:

1752 SEA LARK LANE
NAVARRE, FL 32566

Current Mailing Address:

504 COVE CIR
NICEVILLE, FL 32578

New Mailing Address:

1752 SEA LARK LANE
NAVARRE, FL 32566

FEI Number: 13-4264090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIE, JERRY L
504 COVE CIR
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

KNIE, JERRY L
1752 SEA LARK LANE
NAVARRE, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JERRY KNIE

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MCKINNEY, PERRY
Address: 309 SOUTH WARD ST.
City-St-Zip: GENEVA, AL 36340

Title: S () Delete
Name: KNIE, JERRY L
Address: 504 COVE CIR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: KNIE, JUDITH A
Address: 504 COVE CIR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MCKINNEY, MILDRED
Address: 309 SOUTH WARD ST.
City-St-Zip: GENEVA, AL 36340

Title: P (X) Delete
Name: KNIE, JERRY L
Address: 504 COVE CIR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KNIE, JERRY L
Address: 504 COVE CIR.
City-St-Zip: NICEVILLE, FL 32578

Title: VP/D (X) Change () Addition
Name: GIBBS, TEDRA T.S.
Address: 4411 MONPELLIER DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: S (X) Change () Addition
Name: GIBBS, TEDRA T.S.
Address: 4411 MONPELLIER DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: T (X) Change () Addition
Name: KNIE, JERRY L
Address: 504 COVE CIR.
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY KNIE

P

01/06/2006

Electronic Signature of Signing Officer or Director

Date